

		FOR BHF USE			

LL2

Supportive Living Facility

2010

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2010)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I. Facility ID Number: 1000055

Facility Name: Franciscan Court

Address: 1996 Franciscan Court West Chicago 60185

Number City Zip Code

County: Dupage

Telephone Number: (630) 562-4242 Fax # (630) 562-3593

Federal Employer ID Number:

Date Current Owners were Certified: 12/21/2005

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☒	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	Other		

In the event there are further questions about this report, please contact:

Name: Amy Allen, C.P.A. Telephone Number: (217) 425-4800

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2010 to 12/31/2010 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)		(Date)
	(Type or Print Name)		
	(Title)		
Paid Preparer	(Signed)		(Date)
	(Print Name and Title)	David W. White, C.P.A. Member	
	(Firm Name & Address)	Hill & White L.L.C. P.O. Box 1520, Decatur, Illinois 62525	
	(Telephone)	(217) 425-4800	Fax (217) 425-8866

MAIL TO: BUREAU OF HEALTH FINANCE

IL DEPT OF HEALTHCARE AND FAMILY SERVICES

201 S. Grand Avenue East

Springfield, IL 62763-0001

Phone # (217) 782-1630

Facility Name Franciscan Court

Report Period Beginning: 01/01/2010 Ending: 12/31/2010

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units

/

/

N/A

1	2	3	4		
Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period		
1	46	Single Unit Apartment	46	16,790	1
2	24	Double Unit Apartment	24	8,760	2
3		Other		2,555	3
4	70	TOTALS	70	28,105	4

B. Census-For the entire report period.

1	2	3	4	5		
Type of Unit	Resident Days by Unit and Primary Source of Payment					
	Medicaid Recipient	Private Pay	Other	Total		
5	Single Unit	6,304	15,295		21,599	5
6	Double Unit	1,104	2,464		3,568	6
7	Other		1,183		1,183	7
8	TOTALS	7,408	18,942		26,350	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)

93.76%

D. Indicate the number of paid bed-hold days the SLF had during this year

57

Also, indicate the number of unpaid bed-hold days the SLF had during this year.

N/A

(Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES

NO

X

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES

NO

X

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

None

H. ACCOUNTING BASIS

ACCRUAL

X

MODIFIED CASH*

CASH*

I. Is your fiscal year identical to your tax year?

X

YES

NO

Tax Year:

12/31/10

Fiscal Year:

12/31/10

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding?

No

If yes, did the facility make all of the required payments of interest and principle?

If no, explain.

K. Does the facility have any loans from the Federal Home Loan Bank outstanding?

No

If yes, did the facility make all of the required payments of interest and principle?

If no, explain.

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding?

No

If yes, did the facility make all of the required payments of interest and principle?

If no, explain.

Facility Name: Franciscan Court

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services					5	6	
1	Dietary and Food Purchase	118,938	69,434	1,716	190,088		190,088	1
2	Housekeeping, Laundry and Maintenance	32,598	30,113	8,090	70,801		70,801	2
3	Heat and Other Utilities			63,389	63,389		63,389	3
4	Other (specify): See attached schedule			6,491	6,491		6,491	4
5	TOTAL General Services	151,536	99,547	79,686	330,769		330,769	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	351,907	2,440		354,347		354,347	6
7	Activities and Social Services	23,325	6,768		30,093		30,093	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	375,232	9,208		384,440		384,440	9
	C. General Administration							
10	Administrative and Clerical	222,483	9,365	90,501	322,349	(10,989)	311,360	10
11	Marketing Materials, Promotions and Advertising		1,775	39,264	41,039		41,039	11
12	Employee Benefits and Payroll Taxes			107,173	107,173		107,173	12
13	Insurance-Property, Liability and Malpractice			52,863	52,863	(13,768)	39,095	13
14	Other (specify):							14
15	TOTAL General Administration	222,483	11,140	289,801	523,424	(24,757)	498,667	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	749,251	119,895	369,487	1,238,633	(24,757)	1,213,876	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			314,540	314,540	(20,556)	293,984	17
18	Interest			444,178	444,178	(95,116)	349,062	18
19	Real Estate Taxes			173,097	173,097		173,097	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Amortization			10,687	10,687		10,687	22
23	TOTAL Ownership			942,502	942,502	(115,672)	826,830	23
24	GRAND TOTAL (Sum of lines 16 and 23)	749,251	119,895	1,311,989	2,181,135	(140,429)	2,040,706	24

Report Period Beginning:1/1/2010

Ending:12/31/2010

Non-Allowable Expenses				Amount	Sch. V Line Reference		
1	TV system - resident rooms			(5,228.00)	10	1	
2	Bad debt expense			(5,761.00)	10	2	
3	Officer life insurance			(13,768.00)	13	3	
4	Depreciation difference			(20,556.00)	17	4	
5	Investment income			(93,614.00)	18	5	
6	Interest on late payments			(1,502.00)	18	6	
7						7	
8						8	
9						9	
10						10	
11						11	
12						12	
13						13	
14						14	
15						15	
16						16	
17						17	
18						18	
19						19	
20						20	
21						21	
22						22	
23						23	
24						24	
25						25	
26						26	
27						27	
28						28	
29						29	
30				(140,429)		30	

Report Period Beginning: 1/1/2010
Ending: 12/31/2010

Detail of General Services - Other					Amount	Sch. IV Line Reference	
1	Trash removal				4,367	4	1
2	Security expense				2,124	4	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30					6,491		30

See accountant's compilation report.

Facility Name: Franciscan Court

Report Period Beginning: 01/01/2010 Ending: 12/31/2010

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.22	\$ 37.94	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	10.20	12.61	3
4	Activity Director & Assistants	0.91	12.17	4
5	Social Service Workers			5
6	Head Cook	1.00	27.52	6
7	Cook Helpers/Assistants	2.99	9.87	7
8	Dishwashers			8
9	Maintenance Workers	1.03	15.21	9
10	Housekeepers	0.002	9.00	10
11	Laundry			11
12	Managers	1.00	43.35	12
13	Other Administrative			13
14	Clerical	1.47	13.30	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	20.82	\$ 180.97	17

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES	
Name 1	City 2
N/A	

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Zachary Caulkins	75%	40	\$ 90,177	1
2	Rene Caulkins	0%	40	91,372	2
3	Jennifer Gill	0%	40	75,504	3
4	Andrew Gill	0%	40	22,844	4
5	Sean Caulkins	0%	0	1,232	5
Total				\$ 281,129	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

OTHER RELATED BUSINESS ENTITIES		
Name 3	City 4	Type of Business 5
Franciscan Properties, LLC	West Chicago, Illinois	Building Company

- B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES ☐ NO ☒ Name of related entity: _____ If yes, what is the value of those services? \$ _____ (Please attach a separate schedule itemizing those services.)
- C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES ☐ NO ☒ If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Franciscan Court

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

VIII. OWNERSHIP COSTS

A. Purchase price of land 916,502 Year land was acquired 2005

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. *Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	70		2005	2005	\$ 5,075,288	\$ 130,017	39	\$ 130,135	\$ 118	\$ 656,100	1
2			2006	2006	9,000	230	39	231	1	1,145	2
3											3
4											4
5											5
6	Improvement Type See attachment - Page 5A				822,043	47,949		51,821	3,872	231,022	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 5,906,331	\$ 178,196		\$ 182,187	\$ 3,991	\$ 888,267	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 902,230	\$ 129,662	\$ 93,619	(36,043)	7	\$ 471,218	18
19	Vehicles	37,457	6,686	7,491	805	5	20,601	19
20	TOTAL (lines 18 and 19)	\$ 939,687	\$ 136,348	\$ 101,110	(35,238)		\$ 491,819	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

VIII. OWNERSHIP COSTS

	Improvement Type			3	Year		4	5	Current Book		6	Life		7 Straight Line		8		9 Accumulated			
					Constructed	Cost				Depreciation		in Years	Depreciation	Adjustments	Depreciation						
1	Land improvements			2005		622,852			41,523		15		41,523			0		211,078		1	
2	Landscaping-sign			2006		2,730			182		15		182			0		789		2	
3	Landscaping			2006		4,714			314		15		314			0		1,362		3	
4	Carpeting			2006		1,791			359		5		359			0		1,523		4	
5	Sign			2006		7,610			195		39		195			0		886		5	
6	Electric for sign			2006		700			18		39		18			0		79		6	
7	Electric for sign			2006		320			9		39		8			-1		36		7	
8	Flooring			2006		1,642			165		10		164			-1		821		8	
9	Land improvements			2006		4,675			312		15		312			0		1,558		9	
10	Walls & flooring installation			2007		2,856			74		39		74			0		235		10	
11	Basement flooring			2007		1,279			32		39		32			0		105		11	
12	Basement flooring			2007		5,000			129		39		129			0		412		12	
13	Lay flooring & marble			2007		3,761			96		39		96			0		309		13	
14	Basement flooring			2007		954			24		39		24			0		74		14	
15	Basement flooring			2007		343			8		39		8			0		26		15	
16	Parking lot repavement			2007		2,838					10		284			284		994		16	
17	New Compressor			2008		3,190			638		5		638			0		1542		17	
18	Fire monitoring system			2008		1,668			42		39		42			0		103		18	
19	D. Olqui-Building wall & door			2008		3,800			95		39		95			0		235		19	
20	Albright Rest-Basement			2008		4,000			100		39		102			2		269		20	
21	Albright Rest-Basement			2008		1,800			46		39		46			0		121		21	
22	Generator			2009		137,520			3438		20		6876			3438		8165		22	
23	Generator			2010		6,000			150		20		300			150		300		23	
24																				24	
25																				25	
26																				26	
27																				27	
28																				28	
29																				29	
30	Total					\$822,043			\$47,949				\$51,821			\$3,872		\$231,022		30	

See accountant's compilation report.

Facility Name: Franciscan Court

Report Period Beginning: 01/01/2010 Ending: 12/31/2010

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? ☐ YES ☐ NO

		1	2	3	4	5	6		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		☐ YES ☐ NO
3	Original Building			/ /	\$			3	
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	

9. Rental amount for movable equipment \$

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	U.S. Bank		X	Mortgage	12/30/05	\$ 5,945,000	\$ 5,004,310	6/30/12	Prime	\$ 373,637	1
2	U.S. Bank		X	Loan payable	12/30/05		1,046,411	/ /	Prime	69,039	2
3					/ /			/ /			3
	Working Capital										
4	Interest paid on payroll taxes				/ /			/ /		214	4
5	Interest paid on real estate taxes				/ /			/ /		1,288	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,945,000	\$ 6,050,721			\$ 444,178	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,945,000	\$ 6,050,721			\$ 444,178	10

* If there is an option to buy the building, please provide complete details on an attached schedule.
** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: Franciscan Court

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 327,056	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	52,235		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	1,654,181		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	21,333		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Accounts rec-employee	1,350		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,056,155	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	916,502		13
14	Buildings, at Historical Cost	5,721,637		14
15	Leasehold Improvements, at Historical Cost	172,416		15
16	Equipment, at Historical Cost	944,520		16
17	Accumulated Depreciation (book methods)	(1,547,731)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	160,308		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(94,081)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): security deposit	538		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,274,109	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,330,264	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 13,446	\$	26
27	Officer's Accounts Payable	3,239		27
28	Accounts Payable-Patient Deposits	87,000		28
29	Short-Term Notes Payable	211,000		29
30	Accrued Salaries Payable	9,836		30
31	Accrued Taxes Payable	180,090		31
32	Accrued Interest Payable	39,259		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Deferred income	9,050		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 552,920	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	981,411		38
39	Mortgage Payable	4,858,310		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,839,721	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,392,641	\$	45
46	TOTAL EQUITY	\$ 1,937,623	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,330,264	\$	47

*(See instructions.)

Facility Name: Franciscan Court

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,963,254	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 2,963,254	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	93,614	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 93,614	14
	D. Other Revenue (specify):		
15	Food stamp income	1,535	15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 1,535	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 3,058,403	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	330,769	19
20	Health Care/ Personal Care	384,440	20
21	General Administration	523,424	21
	B. Capital Expense		
22	Ownership	942,502	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses	939	24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 2,182,074	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ 876,329	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ 876,329	31

See accountant's compilation report.

HFS 3745C (N-4-05)

IL478-2471